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ART. I. *On an Operation for the Cure of Natural Fissure of the Soft Palate.* By JOHN C. WARREN, M. D. Professor of Anatomy and Surgery in the Medical Institution of Harvard University, Boston.

SOME years ago I had occasion to perform an operation for remedying the natural fissure in the soft palate. At that time I understood the operation had been once done in Poland or Germany, and once by Professor Roux; but I sought in vain for details which might assist me in its performance. However, I executed it satisfactorily then, and have since repeated it; and therefore believed that an account of the manner in which it was effected might be useful, although I suppose it very possible that Professor Roux and others may have devised more ingenious methods.

As the operation in the first case succeeded, and was imitated in the others, I shall describe it in connexion with that case. The patient was a healthy young woman of sixteen. She was induced to apply for an operation, in consequence of the impracticability of distinctly articulating her words, so that her speech was offensive from its guttural tones, and not intelligible to those unaccustomed to it. The fissure began at the edge of the os palati, where the fleshy membrane was so thin as to be transparent. Its width was about three-quarters of an inch.

The patient being well supported and secured, a piece of wood an inch wide, a little curved at the end, with a handle to be held by an assistant, was placed between the molar teeth on one side, to keep the mouth open. A sharp-pointed curved bistoury was thrust through the top of the palate, above the angle of the fissure, and carried down on one edge of the fissure to its extremity. The same was done on the opposite side, thus cutting out a piece in the form of the letter

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V, including about a line from each edge. Next a hook with an eye in its extremity, of the form represented, in Pl. I. armed with a triple thread of strong silk, was passed doubled into the mouth, through the fissure and behind the palate. The palate was pierced by it, at one-third of the length of the fissure from the upper angle of the wound, so as to include about three lines of the edge of the soft palate. The eye with the ligature being seen, the latter was seized by a common hook and drawn out. The eyed hook was then drawn back, turned behind the palate, and the other edge transfixed in a similar manner. A second and a third stitch were passed in the same manner, the third being as near as possible to the lower end of the fissure. Then seizing the upper ligature, I found no difficulty in tying it with my fingers, without the aid of a *serve-noeud*. The others were tied in the same manner, and the knots placed on one side of the wound, in order to prevent their pressing into the fissure. On drawing the third ligature I had the satisfaction to see the whole fissure closed.

The patient was exhausted by the operation, but soon revived. She passed twenty-four hours without speaking, or taking a drop of liquid in her mouth. For two days more she took only a little water. On the fourth day I ascertained that the edges of the wound had perfectly united, except at the lower extremity, where a slight separation took place, which afterwards united by means of an additional stitch. At the end of seven days I cut out the stitches, which were already loose. This patient left the hospital a day or two after. About two years subsequent to the operation I saw her, and found she swallowed perfectly, spoke very well, and was daily improving.

During the prevalence of the influenza of 1826, I operated with some reluctance on a lad of eleven years old, who had been brought a great distance for the purpose. A perfect union was effected: but at the end of three days he was seized with the influenza, and not understanding how to manage his cough, he tore open the adhesions, and I at once removed the stitches. This occurrence has led me to advise against the operation in children. The boy spoken of will undergo it a second time in the course of the next year.

The principal difficulty I met with in this operation, was in disengaging the ligature from the hook, after it had perforated the palate. In order to obviate this, I had hooks of various forms made afterwards by Weiss, of London; but none of them answered the purpose so well as the one here represented. I have thought that one with a moveable point, made to slip from a socket in the hook, so that the point and the ligature might be drawn out together, would lessen

this difficulty, and have had one constructed by Rose & Sellers, of which a drawing accompanies this paper. This has the same form as that I first used, but that the point is removable.

If a needle without the moveable point is used, care must be taken in drawing out the ligature to draw on each side from the concavity of the hook. If attention is not paid to this, it may happen, that in drawing out the ligature on the first side, you entirely disengage it from the hook, which must then be armed anew. And again, when you draw out the ligature on the second side, the hook may be retained by the ligature, which cannot then be withdrawn, unless the stitch is drawn from the wound. This last would be a worse mistake than the other. Both of these accidents are avoided if the point be moveable. In this case the point and ligature are withdrawn together, by passing a common hook through the eye of the point. The point is to be armed anew with the opposite end of the ligature, and then passed on the second side of the fissure as on the first. There can be no danger of the point falling down the patient's throat, since it is secured by the ligature.

I have been very desirous to try this operation on the case of natural fissure of both soft and hard palate, such as often accompanies the hare-lip. In such a case it might be justifiable to try the operation on an infant; for if a union of the soft palate could be procured at an early period of life, it is quite probable that a disposition would be produced to fill up the bony fissure.

Whether in an adult any benefit could be derived from such an operation is doubtful. I shall embrace the first opportunity of making the trial.

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ART. II. *Account of the Dengue, as it appeared in Charleston, S. C. during the Summer of 1828.* By S. HENRY DICKSON, M. D. Professor of the Institutes and Practice of Medicine in the Medical College of South Carolina.

ABOUT the end of June, 1828, a singular disease made its appearance in our city, through which it spread with unexampled rapidity, soon bringing under its influence the greater part of our population. The name by which I have designated it is a Spanish term, and was first affixed to it, as far as I can learn, in the island of Cuba. Its application is arbitrary; the various explanations offered respecting it being far-fetched and unsatisfactory. Our spring and summer